

APGSA Annual Meeting

State Reports

July 14, 2016

Arizona: Larissa Pixler

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Calls to our helpline have decreased to about 30 calls/month with May showing an all-time low of 16 calls.
- Our approximately 20 treatment providers (TPs) throughout the state spent about \$363,400 less treating problem gamblers than last fiscal year for several reasons; two of which are:
- Three TPs are no longer under contract and a couple others have sporadic billing
- We have set a limit to the number of sessions allowed.

2) And, any hopes for fiscal year 2016 -2017??

- September 2016: Announcing a \$200,000 Grant RFP for January – December 2017 for:
 - Problem Gambling Prevention programs
 - Research on some aspect of problem gambling science, prevention, media information
- Increased spending for ads and media including: outdoor billboards, radio, Internet, light rail shelters, and light rail wrap
- It is our hope this added exposure will result in an increase of people seeking help with counseling and self-exclusion.

California: Terri Sue Canale

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Internet poker is still a topic of discussion in our legislature as well as fantasy sports.
- Our intake numbers for helpline calls and treatment services are fairly stable, on the trend down just a little. It is apparent the more we advertise the more calls we receive, but we just don't have enough resources to treat the entire state.

2) And, any hopes for fiscal year 2016 -2017??

- If internet or fantasy sports bills pass I hope to receive additional funding!

Kansas: Carol Spiker

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- I have only been overseeing the clinical side of our program since January 2016.

- We have 4 tribal casinos (not under state jurisdiction) that have been open since 1996-1998. They have fluctuated in their responsibility to problem gamblers, i.e. self-exclusion programs, going so far as to send invitations out to them inviting them back into the casinos. In December 2009 we opened our first state-owned casino and two more followed in 2011 and 2012. Our fourth and final is slated to open 2017. We are at a point now (with the state owned casinos) that we are really seeing the harm manifest – financial crimes, disruptions in relationships, job losses, etc. The positive side of that is that we are also seeing more individual and families reaching out for help, calling the help line, out-patient counseling, and we have tripled our residential treatment numbers in FY2016. In Kansas, we have no out of pocket cost treatment available to the problem gambler and/or any concerned other of that gambler (does not have to be a family member, i.e. employer, coach, friend). We continue to publicize our helpline and treatment availability through newspaper, radio, print and social media.
- Another trend we are seeing is a shift in the age ranges calling our helpline. Traditionally the majority of calls were from ages 45-54. We are now seeing a leveling off of the 35-65 age groups and an increase in the 18-25 age group. The younger age range indicates their primary gambling activity is internet based. Our prevention staff is working on raising awareness (workshops, new youth/young adult pamphlets, and sharing information through drama with middle and high school youth).

2) And, any hopes for fiscal year 2016 -2017?

- The greatest hope is that we will be funded at least what we were in FY2016. Our state is operating in a deficit and the PG money is an easy target.
- We are in the process of re-working our gambling counselor certification. Moving toward national criteria. Our hope is that the budget will allow us to complete this process and be able to assist new counselors financially with certification.

Iowa, Eric Preuss

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Continued decrease in utilization of services
- Integrated Website and Helpline RFP process started (Launch in July 2017)
- Understand what impacts help line calls/contacts to engage in services beyond the initial “crisis” call/contact.

2) And, any hopes for fiscal year 2016 -2017??

- Helpline and Agency evaluative project funded
- Release of Statewide Self-Exclusion Information Packet
- Identify current and new stakeholders to champion diversion legislation language for department review in June 2017 (for January 2018 Session)

Louisiana: Marisa Marino

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- The Louisiana Department of Health's (LDH) Office of Behavioral Health (OBH) began a statewide gambling prevalence study in 2016. The last study was conducted in 2008. The study will include data collected through a random telephone survey of Louisiana adults, Gambling Helpline information, the identification of gambling establishments and devices, and one section of the Louisiana Caring Community Youth Survey (CCYS) which dealt with gambling behavior. The results will be used to make data-driven decisions regarding treatment and prevention services.
- OBH is expanding outreach efforts to increase referrals to treatment and callers to the Gamblers Helpline. Our statewide billboard campaign is being redesigned and some locations changed to reach a larger number of the state's population. Also during this fiscal year, we have attended conferences of the Louisiana Rural Health Association, Louisiana Primary Care Association, Louisiana Rehabilitation Association, Louisiana Chapter of the National Association of Social Workers, and Louisiana Counseling Association to educate any professional working with the public on the signs and symptoms of problem gambling and where to refer to treatment. Through discussions with these professionals, we have learned that most people do not know about the free gambling services available in Louisiana or about our residential program, CORE (Center of Recovery).
- In July 2015, OBH sponsored a gambling track at the annual conference of the Louisiana Association of Substance Abuse Counselors and Trainers (LASACT). In the past, we have found that mostly gambling counselors attended sessions about problem gambling, resulting in addiction counselors who treat substance abuse disorders being unable to recognize the often subtle signs and symptoms of problem gambling. To address this, Quinetta Womack, Director of Residential Services at the Louisiana Department of Health's Office of Behavioral Health, and Heather Kleckinger-Craven, Program Director of CORE, conducted a presentation entitled "But I only deal with substance disorders - Wanna Bet?". We also sponsored a session on Impulsivity, the Brain, and Treatment by Jon Grant, JD, MD, MPH, in addition to sessions addressing the DSM-5, ethics, and outreach & retention by Denise Quirk.
- On December 1, 2015, behavioral health services for Medicaid recipients, which was previously managed by a single managed care organization, were integrated into the five Medicaid health plans who already provide for the physical health needs of Medicaid members. OBH was able to mandate the health plans to screen for problem gambling and refer to treatment using the AAR Model (Ask, Advise, Refer). This is also required of the ten Local Governing Entities (LGE) that manage state funded behavioral health services statewide.
- In recognition of Problem Gambling Awareness Month in March 2016, OBH increased efforts to raise awareness through a statewide radio advertisement campaign during the month of March. LDH's Bureau of Media and Communication (BMAC) arranged for TV interviews of gambling counselors in various regions of

the state and released a press release which included a story from an individual in recovery from Gambling Disorder. A proclamation by Governor John Bel Edwards was also obtained. The Louisiana Association on Compulsive Gambling (LACG) hosted an event on March 23, 2016 in Baton Rouge, LA. The event consisted of various speakers from the Legislature, Gaming Industry, State Police, Attorney General, and Gaming Control Board. LACG also has a guest speaker, Michael Burke, author of "Never Enough," as well as families sharing success stories. Marisa Marino, Program Manager for OBH's Problem and Compulsive Gambling Program, presented on OBH's role in addressing problem gambling and an overview of gambling services offered by OBH. The event was open to the public and attended by 20-25 people.

2) And, any hopes for fiscal year 2016 -2017??

- Louisiana's gambling prevalence study will be completed during fiscal year 2016-2017. The results will be instrumental in making future plans for gambling services in Louisiana.
- OBH is sponsoring a gambling sessions again at the LASACT conference in July 2016. Dr. David Mee-Lee will be presenting on patient placement criteria and Professor I. Nelson Rose will be presenting "From Daily Fantasy Sports to Candy Crush® for Cash: The Next Generation of Problem Gamblers."
- OBH has identified the need for better data collection methods for treatment services provided and outcomes from state funded gambling treatment providers. Efforts are underway to enhance data collection efforts to identify more meaningful key indicators to quality of care.
- Outreach will continue to be a focus of OBH as we explore other avenues of media, such as radio and bus bench advertising. We also plan to continue attending local associations' conferences to educate providers about problem gambling and available treatment services.
- OBH plans to enhance partnerships with universities and hospitals. We will partner at least one large university system to educate and provide educational materials to providers in the student health clinics. Due to the high rates of suicide among the problem gambling population, hospital emergency rooms will be targeted to help identify those with a gambling problem and refer them to appropriate treatment.
- Prevention Specialists have been implementing "Kids Don't Gamble...Wanna Bet?" in schools across the state for grades 3-8. OBH will begin encouraging implementation of "Stacked Deck", an evidence based gambling prevention program for grades 9-12, in fiscal year 2016-2017.

Maryland: Lori Rugle

- 1) **In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?**
 - First is the success of our efforts in beginning to develop problem gambling integrated services (DiGIn) in several of our county health departments clinical and prevention services. Agencies are really making progress in finding effective and creative ways of making the impact of gambling on recovery part of the conversation in their treatment programs and in their community efforts.
 - Second, we received a grant to develop a problem gambling “SBIRT” and the process is quite exciting. We are currently doing focus groups to develop materials and protocols. Getting good feedback from clients and a range of health care professionals.
 - Third the positive impact of public awareness campaigns when we have the funding to run them. Reinforces the need to continually get the message out.
 - Fourth: Progress on developing our Smart Choices youth prevention program from evidence informed to evidence based
 - Challenges – removing barriers to care in terms of funding for treatment, access to appropriate treatment, and having a recognizable service provider network.
- 2) And, any hopes for fiscal year 2016 -2017??
 - Developing a state problem gambling counselor certification
 - Expanding the use of Smart Choices into more counties and programs in MD
 - Implementing and evaluation the problem gambling SBIRT
 - Expanding our DiGIn project to additional programs and county health departments
 - Additional Funding!!!!

Massachusetts Victor Ortiz (DPH)

- 1) **In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?**
 - In FY 15 one of the key developments was the crafting of the **Strategic Plan for Services to Mitigate Harms Associated with Gambling in Massachusetts**, which was adopted in April of this year by the Public Health Trust Fund Executive Committee. The Massachusetts Expanded Gambling Act of 2011 calls for the establishment of a public health trust fund aimed at resources to mitigate the harms associated with gambling. The Strategic plan lays out the first phase of the state’s Strategic Plan to provide services to address problem gambling and related issues, thus mitigating the potential harms associated with gaming expansion in Massachusetts. The plan provides detailed strategies to address problem gambling and explores the relationships between problem gambling and other health concerns, laying the groundwork for the development of a strong public health response to those issues most affected by Massachusetts’ Expanded Gaming Act of 2011. The strategic plan outlines strategies and activities in the area of prevention, screening

and referral, treatment, recovery support, responsible gambling, research, infrastructure and capacity building, and data collection.

- Additionally, the Massachusetts Department of Public Health launch its Office Of Problem Gambling Webpage aimed at connecting people to the strategic plan, resources, and general information

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/office-of-problem-gambling-services.html>

2) And, any hopes for fiscal year 2016 -2017??

- In FY 17, we hope to begin the first phase of a public health response by targeting the Strategic Plans highest level of priority areas: prevention for youth and high-risk populations, focus on community-level interventions, and coordination of problem gambling services.
- Also, develop a ***Stakeholder Advisory Group*** to ensure cultural competency and community sensitivity in the planning and development of gambling related programs, initiatives, and strategies
- Additionally, work with the Massachusetts Department of Elementary and Secondary Education to include consistent problem gambling questions in the ***Massachusetts Youth Risk Behavior Survey and/or the Youth Health Survey***

Massachusetts – Massachusetts Gaming Commission, Mark Vander Linden

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- A year ago the first casino in Massachusetts opened. In this casino is a **GameSense Information Center**. Staffed 16 hours/day by GameSense Advisors, the center if a resource for responsible gaming and problem gambling resources – including voluntary self-exclusion, RG/PG information and referral to treatment. Since December there have been over 10,000 interactions with patrons including 2,000 “meaningful” interactions. The GameSense Info Center is run by the MA Council on Compulsive Gambling and evaluated by Harvard Medical, Division on Addiction. First evaluation report will be out within the next month.
- A month ago we launched **Play My Way** a voluntary budget setting tool available to casino patrons. Patrons can set a daily, weekly or monthly budget and receive popup reminders as they approach and exceed their set limit. Play My Way and GameSense fit the overall goal of increasing informed player choice about when to gamble, how much to spend and when to walk away. Since launch there have been 2,400 casino patrons enroll in the program. This program is also being evaluated by Harvard Medical, Division on Addiction. Both programs are first of their kind in the United States.
- MGC in partnership with MA DPH continues to fund and oversee a comprehensive research agenda to understand the impacts of gambling and mitigate to the extent possible, the negative consequences of gambling. There are two cornerstone projects. First is the **Social and Economic Impacts of Gaming in MA (SEIGMA)**. The SEIGMA study involves a range of research activities. One important activity is doing

surveys to measure gambling attitudes and participation in the population (n=10,000). Another important activity is collecting information about construction and employment from the casinos and the MGC. The project also includes interviewing state and city officials and treatment providers. These different activities all contribute to the three main research areas of the SEIGMA study: 1) Social and health impacts analysis, 2) economic and fiscal analysis and 3) problem gambling services evaluation. The second cornerstone project is the **Mass Gaming Impact Cohort (MAGIC)**. The cohort includes 3,100 persons drawn from the SEIGMA baseline population study. This study will provide valuable information about the incidence and etiology of problem gambling including risk and protective factors, indicators of recovery and relapse, and more.

- SEIGMA and MAGIC are led by Drs Rachel Volberg and Rob William through the University of Massachusetts, Amherst.
- 2) And, any hopes for fiscal year 2016 -2017??
- This FY we will expand research efforts by selecting a host for 1) SEIGMA data and 2) all player card data. We will develop a process for other research entities to access the data in hopes that we'll expand the impact of the valuable data we've worked to collect.
 - Also, this year we'll examine the impact of the casino in southern MA by conducting a number of follow-up studies including a targeted population study in the area surrounding the casino.
 - We'll work closely with the MA Department of Public Health to begin implementing a number of prevention and interventions measures identified in **Strategic Plan for Services to Mitigate Harms Associated with Gambling in Massachusetts**. This plan is further explained by Victor Ortiz in his report for MA DPH.
 - Finally, we will use findings from evaluation and other research to continue to refine the efforts currently underway.

New York: Jennifer Berg

- 1) **In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?**
- Expansion of Casino Gambling in NYS – 3 Casino licenses have been approved and 4th is expected to be approved soon. The first one expected to open Summer 2016 which will begin providing \$500 per table game and slot machine to funding PG Prevention, Education and Treatment. OASAS has been diligently developing a plan for the spending of these funds.
 - OASAS is working with our local Council to train Private Practitioners in Problem Gambling to be able to be referral sources on the NYS HOPEline
 - OASAS is working with our local Council on a Center for Excellence in NYC that provides linkages to PG treatment and resources in Queens County. Currently the state does not have any PG treatment programs in this County, however it is home to Aqueduct/Resorts World, the top grossing “Racino” in the state.

2) And, any hopes for fiscal year 2016 -2017?

- Hopes that spending plan and expansion of services gets approved and we can move forward with reaching more people who are in need of services.

North Carolina: Smith Worth

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Completed launch of text and live chat with advertising campaign
 - For Pandora, display and mobile CTR stayed the same; however, video CTR increased to 1.13%
 - For mobile, there have been increases across the board
 - The CTR overall increased to 0.71%, with the engagement rate of the video and banner both increasing
 - So far we have had a total video views of 2.6 million, with mobile providing the most amount of video views, followed by Hulu
- Record # 50 middle school, high schools and at-risk community-based programs using NREPP Stacked Deck curriculum

2) And, any hopes for fiscal year 2016 -2017?

- Plans made to expand Stacked Deck curriculum into YMCA programs, as well as increase college awareness programs

Ohio, Stacey Frohnapfel-Hasson

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Completed first-ever Problem Gambling Treatment Supervision Fellowship program. The state provided a grant to a long-term treatment agency to coordinate the program. Fellows received a \$2000 stipend to cover travel to 1/2 dozen locations in the state plus extensive education. Five Fellows graduated.
- Be the 95% PG awareness campaign was created, tested and disseminated throughout the state. We're very excited about how many community organizations have gotten involved and used local dollars to extend the campaign.
- Finalized a Strategic Plan for Ohio Problem Gambling Services with assistance from stakeholders and the system review work done by Dr. Jeff Marotta.
- Over past three years, grew our PG treatment service providers from 5 to 81 locations listed on our Helpline.

2) And, any hopes for fiscal year 2016 -2017?

- Launching the Ohio Problem Gambling Advisory Board, the idea for which came out of the strategic planning work.
- Have established a relatively small shortfall fund for counties that run out of funding to treat people with gambling disorder. We'll see how that goes.

- Getting closer to applying for evidence-based practice status for a handful of Ohio-generated prevention models. Will continue gathering data and building the cases.
- Continue workforce development efforts, and begin to focus a bit more on integrating PG training into other behavioral health training offerings.

Oklahoma: John Hostetler

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- We have a budget deficit in Oklahoma of 1.3 Billion dollars that is on top of the last year deficit of 900 million. Cuts to state government and programs have been severe. However, we are fortunate our gambling treatment service funding is intact for problem gambling. While we are not expanding services at this time to such things as prevention, I feel good we have funding to meet treatment needs.
- The other big event is we completed a prevalence study here in Oklahoma. This was a joint partnership with the Oklahoma Association on Problem and Compulsive Gambling, Elite Research and Oklahoma Department of Mental Health and Substance Abuse Services.
- We are in the process of analyzing the data, and not ready to release the results quite yet.
- However, one part of the survey was “eye opening”, the percent of at-risk gamblers
- (you will notice the DSM – IV classification we also used DSM V criteria and trying to understand the data between the two classifications)

At-Risk Gamblers – 32.1%

Problem Gambler – 1.2%

Pathological - 2.3%

2) And, any hopes for fiscal year 2016 -2017??

- I hope the survey will be a catalyst to do the things we need to do and are capable of doing here in Oklahoma. Things such as Branded and Targeted marketing, prevention that is Universal, Selective and Indicated, expanded provider network/distance treatment options, upgrade to do “warm” handoffs from helpline to providers, direct services for concerned persons impacted by the disorder of problem gambling, specific data collection that aids in data driven decisions, peer support services, etc.
- Oklahoma has added a casino to the pan handle area, and we now have approximately 124 casinos.

Oregon, Nicole Corbin

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Analysis of the strengths and areas for improvement in the Oregon system resulted in the development of a Problem Gambling Services in Oregon 2016-2020 System Improvement Plan. The plan includes implementation plans for six initiatives: 1) collaboration; 2) workforce development; 3) integration; 4) prevention, treatment and recovery services; 5) rural services; and 6) funding and reimbursement. The planning and development process for the System Improvement Plan was inclusive of providers, key stakeholders, and administrators across Oregon.
- In 2015 we conducted an Adult Prevalence study and the estimates in Oregon for disordered gambling show relatively no change from 2006 (2.7%) to 2015 (2.6%). With the increase access and availability opportunities in Oregon over the last 10 year, the prevalence rate remaining relatively the same is significant, demonstrating that our efforts are working to prevent problem gamblers.
- Continued progress made in integrating problem gambling prevention in other prevention related activities across the state including tribal entities.

2) And, any hopes for fiscal year 2016 -2017?

- Increased workforce development and cross training for prevention and treatment professionals.
- Adequate resources and staffing to successfully implement system improvement plan.
- Increased acknowledgment amongst behavioral and physical health professionals of disordered gambling, resulting in increased screenings and referrals for treatment services.

Rhode Island, Susan Storti

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Problem Gambling Services of RI named a New Director.
- Continuing efforts are underway to promote the availability of services through new PGSRI website through increased advertising and community outreach.

2) And, any hopes for fiscal year 2016 -2017?

- Re-examine and update of the Strategic Plan.
- Assess if and when a second statewide Needs Assessment study should be conducted.

West Virginia, Jennifer Davis-Walton

1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- We have had an overall decrease in number of calls. However, those who do call and we get in with one of our treatment providers have had success in not gambling and have continued in treatment for more sessions.
- We have had an overall increase in website hits and online interactions with those looking to find out more about problem gambling.

2) **And, any hopes for fiscal year 2016 -2017?**

- We have begun a college prevention initiative in Spring 2016 and are excited for this to grow in 2016-2017, reaching more students on more college campuses.
- We are also doing other prevention projects throughout the state and more community outreach. We are encouraging our network counselors to also participate in more prevention and outreach activities.

North Dakota, Lachesha Graham

- 1) In reviewing this past fiscal year, 2015-16, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

Increasing awareness of treatment availability

Identifying data gaps and exploring options

Increasing Prevention Efforts

- 2) And, any hopes for fiscal year 2016 -2017??

Expand scope of practice for licensed addiction counselors to include providing gambling disorder treatment with specialized training.

Provide statewide training regarding problem gambling

Increase number of individuals seeking treatment services